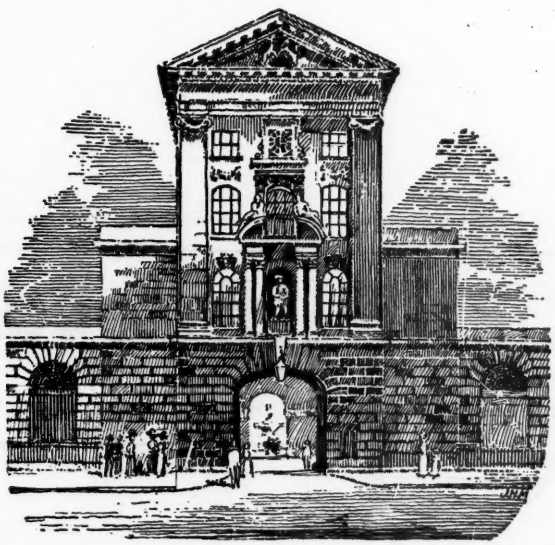
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXII.—No. 5. FEBRUARY, 1925. [PRICE NINEPENCE.

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St. Bartholomew's Hospital

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

Journal.

VOL. XXXII.—No. 5.] FEBRUARY 1ST, 1925. PRICE NINEPENCE.

CALENDAR.

Mon., Feb. 2.—Special Subject Lecture. Dr. Cumberbatch.
Tues., ,, 3.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Wed., ,, 4.—Clinical Surgery Lecture. Mr. McAdam Eccles.
Thurs., ,, 5.—Inter-Hospital Rugby Cup. 1st Round *v.* Guy's.
Fri., ,, 6.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Clinical Medicine Lecture. Dr. Morley Fletcher.
Sat., ,, 7.—Rugby Match *v.* Coventry. Home.
Association Match *v.* Old Carthusians. Away.
Hockey Match *v.* King's College. Away.
Mon., ,, 9.—Special Subject Lecture. Mr. Elmslie.
Tues., ,, 10.—Sir Thomas Horder and Mr. Rawling on duty.
Wed., ,, 11.—Rugby Match *v.* Cambridge. Away.
Clinical Surgery Lecture. Mr. McAdam Eccles.
Fri., ,, 13.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Clinical Medicine Lecture. Sir P. Horton-Smith Hartley.
Sat., ,, 14.—Rugby Match *v.* London Welsh. Away.
Association Match *v.* Old Mercers. Home.
Hockey Match *v.* Old Uppinghams. Home.
Mon., ,, 16.—Special Subject Lecture. Mr. Harmer.
Tues., ,, 17.—Prof. Fraser and Prof. Gask on duty.
Wed., ,, 18.—Clinical Surgery Lecture. Mr. L. B. Rawling.
Fri., ,, 20.—Clinical Medicine Lecture. Dr. Langdon Brown.
Dr. Morley Fletcher and Sir Holburt Waring on duty.
Last day for receiving matter for March issue of Journal.
Sat., ,, 21.—Rugby Match *v.* O.M.Ts. Home.
Hockey Match *v.* Royal Corps of Signals. Home.
Mon., ,, 23.—Special Subject Lecture. Mr. Scott.
Tues., ,, 24.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Wed., ,, 25.—Clinical Surgery Lecture. Mr. L. B. Rawling.
Fri., ,, 27.—Clinical Medicine Lecture. Dr. Morley Fletcher.
Sir Thomas Horder and Mr. Rawling on duty.
Sat., ,, 28.—Rugby Match *v.* Devonport Services. Away.
Association Match *v.* Old Citizens. Home.
Hockey Match *v.* Mill Hill School. Away.

EDITORIAL.

FROM the recently discovered diary of an unknown journalist the following verse has been deciphered under the date 26 . 1 . '85 :

"All will forget us when our bones are mouldering,
And none will raise to us a chaste memorial :
But yet as each month wains, our burdens shouldering,
We write our brief, unwanted Editorial."

* * *

Last month, in introducing "Dining at Percy's," we observed that we had not yet descended to cross-word puzzles. The truth will out, so let us confess early. Our fall will be found towards the end of this issue.

* * *

We call the special attention of qualified men to the notice concerning post-graduate classes. The JOURNAL has been used before as a vehicle for criticism of these classes, and we hope that readers who have ideas on the problem will quickly pass them on to the authorities.

* * *

The Hunterian Oration will be delivered by Sir D'Arcy Power, K.B.E., at the Royal College of Surgeons, Lincoln's Inn Fields, at 4 p.m. on Saturday, February 14th, the anniversary of the birth of John Hunter. It will be illustrated by lantern-slides made from a series of contemporary drawings showing John Hunter the Man and Martyr to Science. It is noteworthy that in its long history the Oration has never before been given by father and son. Mr. Henry Power was Hunterian Orator in 1889.

* * *

An exceedingly interesting lecture was delivered in the Great Hall on Thursday, January 15th, by Sir Robert Armstrong-Jones, to the Guild of Pharmacists, Lord Stanmore being in the chair.

Sir Robert chose as his subject, "Suggestions in Social Life." With fascinating lucidity he outlined the steps in mental processes, carefully defining his terms and showing his audiences how and by what means suggestion acts. Particularly interesting were his pictures of the classic doctor and his modern prototype, and his witty comments on the fashions now prevalent in medicine and pharmacy.

* * *

Our ancient rivals, Guy's, are celebrating their Bicentenary. A special number of the *Guy's Hospital Gazette* is to be published containing illustrated articles dealing with different sections of the Hospital and Medical School.

* * *

The funeral took place on January 20th of Mr. George Cooke Attfield, the "oldest Bart.'s man," and almost certainly the oldest medical man in England.

Dr. Attfield qualified seventy-five years ago, being at Bart.'s when James Paget was Warden and Lawrence, Stanley and Vincent were surgeons, when there was one operating day (Saturday) and one day a week for receiving new patients. He rowed bow in a Bart.'s boat which beat Guy's, played cricket for Bart.'s and later for Somerset and Surrey, and did great things on the billiard table at a little place round the corner in Giltspur Street.

His professional work was done largely in Australia, where he held a Government appointment as Chief Medical Officer of Prisons. He retired about forty years ago and has been living an active life in Hove, taking a keen interest in all sporting events.

With his death a great link with the past is broken. It is interesting to note that one of his grandchildren is a student at this Hospital now, working among surroundings which his grandfather would hardly recognize as those in which he learned his surgery in 1850.

The following letter was sent by a doctor a few days ago to the house-surgeon on duty:

"DEAR SIR,—Will you kindly ask one of the Visiting Surgeons to look at Mrs. —'s throat. In my opinion it ought to be removed.

"With kind regards,

"Yours sincerely,

"————."

The surgeon decided that such a radical operation was not called for by the presence of an adenoma of the thyroid.

POST-GRADUATE CLASSES.

FOR some years before the war and the years after it the Medical College held in each year short post-graduate review classes—held primarily for old St. Bartholomew's men, but men from other schools have from time to time been admitted. In the earlier years and for two years since the war these classes were very successful—so much so that the number admitted to the classes had to be limited. For the last three years, however, the numbers have been steadily diminishing, and there is some doubt in the minds of the executive officers of the Medical College as to the necessity for these classes. It has therefore been suggested that the course should be omitted this year; but before adopting this procedure it has been thought wise that an effort should be made to discover the opinions of old Bart.'s men on this point, which is already being done by writing to men who have attended the classes or whose opinion may be considered as being representative of other practitioners, but it would be of great service to those responsible for the organization of the classes if those who read this in the JOURNAL would communicate with us through this medium. To be of any service with regard to holding the classes this year a letter must reach the JOURNAL office or the Dean before February 15th. It is felt that the type of class that is held and the subject-matter that is taught must be well known, as in each year the programme has been circulated to every Bart.'s man. We therefore invite an expression of opinion as to the value of the classes, with suggestions for their greater popularity. It is felt that the length of the course, varying in different years from one week to fifteen days, may not be suitable; it is also felt that it may not be held at a convenient time of the year. With regard to the subject-matter, we feel that those who have attended the classes have been quite satisfied. Minor criticisms as to the amount of work required of those attending have reached us, but it is felt that there is something more than this causing the reduction of the numbers to such a low level.

MAGISTRATE: "Well, constable, what made you think this man was drunk?"

CONSTABLE: "'E was sitting on a stone seat in the Park with 'is truss round 'is 'ead, saying as 'e was listenin' in!"

TREATMENT OF GONOCOCCAL INFECTION BY DIATHERMY.

By E. P. CUMBERBATCH.

(*Continued from p.* 55.)

IN the January number of the JOURNAL it was shown that the application of diathermy to the urethra and cervix uteri of female patients and the elevation of these parts to a temperature of 114° F. caused cure or arrest of gonococcal arthritis. The question must now be asked, "What happens to the gonococci in the urethra and cervix when these parts have been heated to the temperature mentioned. Have they been destroyed, or do they still lurk in the lymphatics and cells, ready, at some later period, to cause metastatic infection afresh?" No final and indisputable answer can be made, because there is no known test for the absence of gonococci from parts which have been treated after infection. Clinical and bacteriological evidence, however, favour the conclusion that the urethra and cervix have been freed from infection. This evidence is the following:

Fifteen patients in whom the urethra or cervix, or both parts, were infected by gonococci (as shown by bacteriological examination) were submitted to diathermy. In these patients there was no arthritis. The urethra and cervix of each patient received treatment. An interval of a few days or weeks was allowed to elapse and bacteriological examination was again made. In eleven cases gonococci were not discovered. These cases were again examined, once or more. The examinations were again negative. One case was examined on six occasions during a period of eleven months, each time with a negative result.

In the remaining four cases gonococci were found. Two of the cases were in married women, and it is almost certain that re-infection had taken place. The husband of one was under treatment at the Special Centre at the time when his wife was undergoing the course of diathermy. After he had completed his treatment and been reported free from infection, the continuation of diathermy to the wife was successful in freeing the discharge from gonococci. The same result was obtained in another woman after separation from her husband. The two other patients in whom gonococci were discovered after diathermy had probably been re-infected; this was believed to have been the case at the Centre. They received another course of diathermy and gonococci were not found afterwards.

The failure to find gonococci in the discharge is, however, no absolute proof that the organisms are not present in the parts from which the discharge originates. If, however, the cervix is normal in appearance, shows no sign of inflammation and only a clear transparent fluid is seen at the *os externum*, further evidence in favour of extinction of gonococcal infection is afforded. Nine patients in whom bacteriological examination revealed no gonococci were examined at later dates in order to ascertain the condition of the cervix. In five the cervix was healthy in appearance and there was no discharge. In four it was inflamed, and a white discharge was seen around the os. It was thought that the endocervicitis was due to organisms other than the gonococci, which had gained entry after the latter. These cases were then treated by ionization, with the object of destroying organisms which have a higher lethal temperature than 114° F. In three the cervix regained its normal appearance and the white discharge disappeared.

The power of diathermy to bring gonococcal arthritis to an end after the treatment has been applied, not to the joints, but to the urethra and cervix, affords further evidence that the new treatment can free the primary foci from infection. This evidence is enhanced by the fact that the application of massage and movements to joints that remain stiff after the diathermy caused no return of arthritis. Nor was there any return of arthritis with lapse of time in any of the cases which were kept under observation. In one case the stiff wrist was forcibly moved under general anæsthesia, but there was no return of arthritis.

Two cases of gonococcal endocervicitis in private patients were treated by diathermy and married soon after the completion of the treatment. In one there was no history of transfer of infection eight months after marriage. The other was seen five years after marriage. The patient was one of the first to whom diathermy was applied to the urethra and cervix. Gonococci were found before the treatment, but were not discovered afterwards, although there was still inflammation of the cervix. She reported that her husband had not acquired infection and that "all was well."

Diathermy has been applied, during recent months, to seven cases of salpingitis. These were believed to be gonococcal, and in three gonococci were found. The treatment was applied first to the urethra and cervix. It was found that some of the patients acquired severe pain in the pelvis. The pain developed soon after the first application and persisted for hours or even days. In these cases diathermy was applied, after the cessation of the pain, to the Fallopian tubes. This was effected by means of an electrode which was placed in the vagina in contact with the cervix, the circuit being

completed by a belt electrode encircling the waist. This treatment caused relief of pain, and after a few applications diathermy was applied to the cervix with the object of extinguishing the infection at its source. Treatment of the cervix caused no return of pain after the preliminary applications to the tubes.

The results were encouraging. Three patients lost their pain and swelling. Another complained of slight pain after standing or walking. In another some swelling was detected on vaginal examination, but the patient did not complain of pain. The two remaining cases were complicated by the results of inflammation of the pelvic supporting tissues, but the patients derived considerable relief.

Before describing methods of applying diathermy for the treatment of gonococcal infection in men another case in a female patient will be described, because it illustrates in a striking manner the therapeutic power of diathermy. The case was that of a little girl, æt. 8. She was admitted to Darker Ward under the care of Mr. MacAdam Eccles, to whom I am indebted for permission to publish the case. Her vagina was inflamed and discharging, and her abdomen was painful and tender. Gonococci were discovered in the discharge and a diagnosis of gonococcal salpingitis and vaginitis was made. Soon after her admission she developed arthritis in her wrist. Diathermy was applied to the interior of the pelvis by way of an electrode introduced into the rectum. Both the arthritis and the abdominal pain subsided, and when the patient was discharged from the ward there was no pain or tenderness of the abdomen, and the wrist could be moved without pain, although the range of movement was limited. She continued treatment as an out-patient. Diathermy was then applied to the pelvic contents by way of an electrode in the vagina. The discharge gradually disappeared, the elbow regained full movement and the abdomen could be palpated without pain or tenderness.

(*To be continued.*)

[*Erratum.*—In the article on the "Treatment of Gonococcal Infection by Diathermy" in the January number of the JOURNAL (p. 54, line 30) it is stated that the electrode should be introduced for *three* inches into the urethra of the female. The length of insertion should be *one and a half* inches.]

THE USE AND ABUSE OF FIGURES.

By GEORGE GRAHAM.

"ANYTHING can be proved by means of figures." This statement is only true if the figures are misused either in ignorance or by intention. The most frequent cause of an error due to ignorance occurs through the misuse of a percentage, and it is important to consider the conditions under which a percentage may be employed. A percentage is the second stage of the well-known "rule of three," which is used in order to determine the total amount of a substance present in "x" parts. In medical science the term "percentage" is almost the equivalent of the term "concentration" in physical chemistry.

It is necessary to consider when it is permissible and essential to speak of a percentage, and when the total amount must be known. A percentage must be employed when it is important to know the strength of a solution, *i. e.* the amount of the substance per 100 c.c., and when the total amount of a substance is either immaterial or cannot be easily determined. As an example of this point, the difference between the salt content of the Atlantic Ocean and the Dead Sea may be considered. The percentage of salt is low in the former and high in the latter, with the result that a man can easily sink in the Atlantic while he cannot be completely immersed in the Dead Sea. The total amount of salt, however, in the Atlantic is far greater than in the Dead Sea. In medical practice it is the percentage strength of an intravenous solution which is important, since if it is too low or too high the red cells will be destroyed. The total amount of salt injected is, within certain limits, immaterial, and only governed by the amount of fluid which the physician thinks the patient needs.

A percentage may be used when the total volume of a solution cannot be easily ascertained or is approximately constant. But it should always be remembered that the number used is only a percentage and not an absolute number. The best illustration of this in medicine is the amount of a substance which is present in the blood. The blood is about one-thirteenth part of the body-weight, and can therefore be easily calculated. It is not quite constant, but for practical purposes may be considered as such. There would be no difficulty in speaking of the total amount of a substance circulating in the blood, but it would be inconvenient, since it would not be possible to compare the figures for a baby with those for an adult. Hence the amount of sugar, urea, uric acid, creatinine, etc., are expressed in grammes or milligrammes per cent. The number of red and white cells in the blood are expressed in terms of 1 cubic

millimetre and not in terms of 100 c.c. of blood, since the figures would be so enormous, *i. e.* 5 million red cells per c.mm. would be 500,000 million per 100 c.c.

If the use of a percentage be limited to this type of calculation no errors will occur.

A percentage must never be used (1) when it is essential to know the total amount of a substance in solution. If a poisonous drug is being given it is essential to know the total amount of the drug in the solution and not merely the percentage. Thus, if the maximal dose is 5 c.c. of a 5 per cent. solution, it is unwise to give 50 c.c. of the same solution.

(2) A percentage must never be used when a comparison is made between certain substances whose total volume varies. The use of percentage under such conditions is a frequent cause of error, and can best be made clear by a simple numerical illustration. If three substances, *A*, *B*, *C*, be present in a solution so that the total dry weight of the three substances is 20 grm. Let $A = 10$ grm., $B = 8$ grm. and $C = 2$ grm. Then $A = 50$ per cent., $B = 40$ per cent. and $C = 10$ per cent. of the total dry weight of solids. If, however, *A* is reduced to 4 grm., *B* to 4 grm., while *C* remains unaltered at 2 grm., the total dry weight is now 10 grm. instead of 20 grm. Then $A = 40$ per cent., $B = 40$ per cent., $C = 20$ per cent. of the total dry weight. If now the percentage alone is used it would appear that since *C* had increased from 10 per cent. to 20 per cent. of the dry weight in solution it had increased in amount, whereas it is exactly the same in amount—2 grm.—as it was before. If percentages are used in this way it is clearly possible to prove anything which may be desired.

In medicine a mistake of this kind is very common, and is often made in a differential blood-count. This is frequently written as follows:

Red cells	5,000,000 per c.mm.
White cells	8,000 ,,
Differential	300 cells counted.
Polymorphonuclear cells	68 per cent.
Lymphocytes	25 ,,
Large mononuclear cells	6 ,,
Eosinophils	1 ,,
	100 per cent.

Without the addition of the following figures the report is incomplete and may be misleading:

5440 per c.mm.
2000 ,,
480 ,,
80 ,,
8000

In the healthy adult, whose total white cell count is about 8000, the percentage figures show that the different white cells are present in the usual proportions. If the total count was always constant it would be justifiable to use the percentages alone instead of the absolute numbers, but since the white count may vary from 1000 or less to 500,000 or more, it is clear that a percentage may only give false and valueless information.

Two examples will serve to make this point clear:—(1):

White cells	5000 per c.mm.	
Polymorphonuclear	50 per cent.	2500 per c.mm.
Lymphocytes	40 ,,	2000 ,,
Large mononuclear	8 ,,	400 ,,
Eosinophils	2 ,,	100 ,,

The percentages show that the polymorphonuclear cells have decreased from 68 per cent. to 50 per cent., while the lymphocytes have increased from 25 per cent. to 40 per cent., as compared with the previous count. When the actual figures are considered it is obvious that the lymphocytes are the same as before—2000—and the rise in the percentage is due to the decrease in the polymorphonuclear cells, and therefore of the total white count.

(2) Total count 20,000 per c.mm.

Polymorphonuclear cells	85 per cent.	17,000 per c.mm.
Lymphocytes	10 ,,	2000 ,,
Large mononuclear cells	4 ,,	500 ,,
Eosinophils	1 ,,	100 ,,

The percentages taken alone suggest that a big decrease in the lymphocytes has taken place, whereas they are present in exactly the same numbers as in the previous count. The polymorphonuclears have increased from 5440 to 17,000, and this great increase has entirely altered the proportions of the other cells, and a false impression is given.

These examples are sufficient to show the futility of using only a percentage when the total number or amount varies so widely. In this hospital the differential count is nearly always expressed in both percentages and absolute numbers, but the text-books of physiology and medicine unfortunately only use percentages. In the current medical journals the same mistake is often seen.

These examples may serve to explain one of the grounds for the statement, "Anything can be proved by means of figures."

NOTES ON GENERAL PRACTICE:

By L. N. J.

HAVING left Bart.'s just five years ago and having spent most of that time as a G.P., I attempt here to group the various factors which seem to me of especial importance in general practice. Already the medical curriculum in a long one, but I venture to suggest that an attractive addition would be two or three lectures per annum for final-year students on "The Art of General Practice" given by a G.P.

(1) Cold academic correctness results in failure. Friendship and sympathy plus sound medical knowledge bring success. I have known of a gold medallist with the highest qualifications unable to get on at all in practice, while his fellow student, who scarcely scraped through his final exam., became a great success. The first walked with his head in the clouds, while the second "dwelt among us."

It is often the little things that count; for instance, a doctor ran over a dog with his car, and being pressed for time, failed to stop. Several patients left him on the observation that one who would not stop to care for a dying dog was too callous and careless to retain their confidence as a medical adviser.

(2) Follow the old Hospital routine in examining cases. Many patients are justly dissatisfied if temperature or pulse are omitted, or the tongue is not examined. Remember that in general practice one often has to diagnose and treat at the first visit, without X rays, blood-counts or other luxuries. The tendency in hospital to refer patients to special departments before clinching the diagnosis leads to slipshod physical examination. The opinion of the latter should only confirm a diagnosis already made.

Above all, learn to examine throats, ears and eyes before launching into G.P. If you cannot prescribe new spectacles for Granny X you may lose the whole family to Dr. Y, who treats her successfully.

(3) A few tips *re* house, consulting-room and dress. The doctor's house should look tidy and attractive from the outside. Dirty paint, dirty windows and dirty curtains damn any practice, much more an uncleaned plate or unwashed steps. Before ordering a brass plate study those of other doctors in the town and conform to local custom.

Make the consulting-room bright and cheerful. A display of instruments or skulls is distasteful to most patients and terrifying to children. Make the room as much like a comfortable lounge as possible and as little like a torture chamber. Flowers are an asset. Goldfish keep many a child happy during an examination. It is scarcely necessary to add that waiting-room and consulting-room should be comfortably warmed in cold weather.

A G.P. is known by his house to his neighbours, by his dress and his car to the districts around. Whatever sort of car is used let it be well cleaned and look smart. Whatever the doctor's income, let him be well groomed himself.

(4) A G.P. should take part in local society, attend functions, join some sports club according to his tastes and get married! His wife is his most valuable asset. Let him never forget his indebtedness. His relationship with neighbouring practitioners should be cordial and, if possible, fraternal. The habit of consulting one another and forming local medical societies is greatly to be commended.

(5) A G.P. must be ready for all emergencies. As to sterilizing, spirit or petrol rinsed round a basin and fired is a handy method. A spirit sterilizer for instruments and a small sealed drum of towels and dressings is a modern necessity. As an emergency anæsthetic I have usually given chloroform only, on a handkerchief, and have had no accident so far. A breech case is very nice in hospital, but in a country cottage with a candle, one basin and well-water not over clean it becomes another problem. I always put the patient on the ergot mixture we used on the District and it is surprising how few go wrong.

One more word on emergency. You have to give an opinion on the spur of the moment, without reference to a text-book—an inspiring thought to frequenters of the Library!

(6) Fees: A vexed question. Remember first that you have to live; second, that you are practising a profession for the good of humanity and not a trade.

Patients may be divided into four classes as far as paying goes:

(i) Those who can pay and do pay. Lucky is the man who has many such patients.

(ii) Those who can pay and won't pay unless they are made to. These will usually wait six months or a year after receiving a bill. If on two or three occasions no reply is received, employ one of the advertised "collection" agents. This is often successful without giving offence. Never sue in court. You lose far more than you gain.

(iii) Those who would pay, but cannot pay much. Make a nominal fee to ease their conscience and give them much for little.

(iv) The poor who are down and out.

Whether "deserving" or not, remember your ideal. Give freely of your best. Don't let them think you do it grudgingly or of necessity.

For confinements, special courses of treatment, *e. g.* injections, etc., the fee is often arranged beforehand. For confinements a fee may advantageously include ante-natal examinations as well, in order to popularize this very important matter.

In my limited experience it is only by specializing and commanding large fees from the speciality patients that any substantial income can be obtained in general practice. Of course large incomes can be derived from panel practices, but after acting as *locum* in some half dozen such practices, I have come to the conclusion that real clinical work cannot flourish in such surroundings.

(7) The G.P. should have an aim. Too many settle down to the "daily grind" for the rest of their lives. Nowadays the field of practice is so vast that it is impossible to cover it all. Hence endeavour to excel in one branch. Note every example of that one branch that comes your way, and finally, whether you stay in general practice or go in for specializing, never grow slack, but press on to "do things." Try, by painstaking perseverance and endeavour, to add a brick to the Temple which Wisdom is building, so that those who surround you and those who come after you may see it and feel that you have not lived in vain.

WORRY.

THE G.P. gets his share; to advise a man not to worry is futile. A few hints as to how you can meet certain of the minor worries of general practice may be of help, and he'p is pleasanter than advice.

(1) *Petrol.*—If you run a car and *have* to use petrol, never think or talk about the price. Thinking about it, talking about it, neither will help you; you *must have it, and must pay for it.* Don't let a rise in price mean more to you than the actual extra cost; refuse to let anyone drag you into thinking about it.

(2) *Popularity.*—Remember that you can never expect to please everybody. The very smile that makes 80 per cent. of your patients like you is the very thing that makes 10 per cent. doubtful about you, and actually estranges 10 per cent.

The fact that the Smiths have you as their doctor keeps the Robinsons from becoming your patients.

Some patients like a doctor who says, "The X-ray picture shows that the stiffness in your shoulder is due to the break in the bone." Others like a doctor who spouts like this: "I have had a communication from the radiographer, and he says that the skiagram shows that owing to the extensive comminution consequent on the injury there are very numerous adhesions in the joint coupled with a certain amount of osteophytic formation." I am quoting an actual case, and the doctor certainly made a hit with the patient, although the latter understood not a word of it.

(3) *Patients who change over to the "opposition."*—Never let yourself worry over this; expect it to happen occasionally. If you already have enough to do, all the less cause to regret it. The fact that he has left may make someone else come to you. And the same thing happens to the "opposition" occasionally.

(4) *Moneylenders' circulars.*—Receiving these may be turned into quite a pleasure. Re-addressed to some M.P. (c/o The House of Commons) whom you don't like, they will tend to abolish themselves in time.

(5) *Early morning calls.*—Beware the railway porter or factory hand who calls you out of bed at about 7 a.m., and asks you to go at once to his wife. Ask a question or two to divert his attention, and then remark that he ought not to be going to work "on an empty stomach." Directly he admits to having had his breakfast, say, "Well, I'm glad it isn't so urgent as to have stopped you from having had your breakfast, because it need not stop me from having mine before I go."

What has happened is this: The man has to go to work early, there is no other messenger available to ask you to call, so the husband calls you, and well knowing that 7 a.m. is an unreasonable time to wake you for just an ordinary message, he adds urgency to excuse the hour. Once you realize this you can cut out the worry of having to go out unwashed, unshaven and unfed.

(6) *Children.*—If a child screams and fights with its mother when you call to see it, persuade the mother to leave the child alone; tell her that you don't want to examine the child at present. Ask the mother to tell you all she can about the trouble, and about any previous illnesses, so that you are just two persons holding a conversation without noticing the presence of a child. The time spent is well repaid. An examination may prove to be unnecessary; it may turn out that the child has worms, and that all its troubles come from that; but in any case the screaming type of child usually hates to feel neglected, and soon tries to attract attention to itself, and you can then turn to it naturally, encourage whatever form of advance it is making, and gradually change your notice into an examination.

(7) *Fleas.*—If a patient who has come to your surgery frequently always leaves a flea or two behind him to worry you, find some excuse to give him an ointment or

liniment containing camphor, and make him use it frequently. He will bring fewer friends in a day or two.

If you are attending at a house, and every evening when you get a minute to sit down and read your paper you find that you have an inaccessible flea, keep a small bottle of chloroform on a high shelf in your usual sitting-room, and as soon as the flea begins to move, hold your hand down tight over the spot, ask your wife to hand you the bottle, and dope the place well. Then you can, still holding your hand as before, limp off slowly and disrobe; the flea will be there or thereabouts, and none too lively.

(8) *The watch trick.*—A watch is sometimes a most useful article. There are occasions when it is possible to save yourself a lot of worry by remembering the watch trick. Suppose that at 10 p.m. you are called out to see a small boy with paraphimosis. You start to try to reduce it. After about thirty seconds the father begins to say: "It don't seem to be going to go, Doctor." And then at twenty-second intervals one or other of the anxious parents repeats the same irritating remark, and you may get discouraged yourself. Or it may be a woman who has come to you with a scalded hand, swollen, and with a wedding-ring that must not be cut off, yet seems unlikely to be removable any other way. And you see that it must be removed.

In either case you will be worried; but not if you try the watch trick. Take out your watch; place it on the table, where you and others can see it. Say, "Now this job may take some time. It is now 10 p.m. I am going to try for half an hour. If at the end of half an hour I haven't done it this way, I shall have to adopt other means." At the first murmur of discouragement say, "Is it half-past 10 yet?" and repeat the same question every time you hear a murmur. The murmurs will stop pretty quickly.

(9) *Frequent night-calls from one outlying district.*—Four night calls from one small hamlet in one week, not from the same people, but the same messenger each time; next week the same sort of thing. The messenger was a boy of fourteen, and he came on a bicycle. "Why do you always come?" I said, "Because I'm the only one who has a bike and doesn't mind riding at night." "What a lot of money you must be making! I suppose that you will save it up and buy a motor-bike?" "I don't know what you mean, Sir." "Well, surely you don't ride in all this way and back for nothing. I should demand two shillings every time, and that would pay for a motor-bike." My suggestion struck him favourably, but it must have been a poor suggestion for all that; the people there gave up sending for a doctor at night.

THIRD CHIP.

ON THE MICROSCOPICAL EXAMINATION OF FRESH TISSUES.

By ANTHONY H. JOHNS.

BECAUSE the examination microscopically of fresh tissue is not yet an accepted surgical practice in the diagnosis of cancer, a number of cases have been examined, mainly of carcinoma of the female breast, to which this method has been applied. From this investigation certain conclusions have resulted.

As a branch of the larger subject of diagnosis of cancer by the microscope, the fresh-section method is subject to many criticisms directed at the larger topic. Some have a special reference here, and therefore are now mentioned.

The first of these criticisms appeared in 1889 by E. M. Schaeffer (1), who emphasized the fact that the microscopist was ever susceptible to the influence of practised clinicians, and that because of this he should not hear of the clinical diagnosis before he has expressed his opinion solely on the microscopic appearances. He also indicates, in this connection, the importance of a sufficient experience. Schaeffer further writes that an improper portion of diseased tissue is extremely easily selected in error. This is exemplified in the case of M. B—, referred to later. Finally he closes by strongly condemning the habit of judging a method on the consideration of a few cases only, in which the issues have been misinterpreted and confused.

In 1902 C. M. Whiteford (2) violently condemned the general method; chiefly mistrusting the microscopist, he ended with the words: "If the clinical history and naked-eye appearances indicate that the growth is malignant, but under the microscope the growth appears innocent, I regard the growth as malignant, and *vice versâ*"—a somewhat contrary attitude, and of late years little literature has appeared to revoke this view. Of 26 cases which have been considered, of which the 3 cases giving unreliable results require special mention.

(1) The case of *Eliza H—*, whose breast condition was doubtful, clinically the fresh section certainly showed malignant growth; no organized structure could be seen, and it was impossible to say whether the growth was sarcomatous or carcinomatous. It later proved to be sarcomatous.

(2) The case of *Mary P—*, who had a unilateral condition resembling diffuse carcinoma. At operation the fresh section showed the presence of large cells lying in alveoli, and unlike anything previously seen, so that the method was of no help. Ultimately the disease was shown to be "fat necrosis."

(3) The case of *M. B*—, who had a condition in both breasts diagnosed clinically as chronic interstitial mastitis. Doubt was expressed whether or not an early carcinoma was present on one side. A fresh section of a piece of tissue showed only chronic inflammatory changes, and another piece was taken for permanent section; which piece ultimately proved to be carcinomatous. This case well illustrates the necessity for great discrimination in choosing a suitable portion for examination.

From these examinations the following conclusions can be drawn:

First, that in fresh sections, cells, fibrous tissue and vessels can easily be differentiated, and that any remnants of the organ of origin or any peculiar histologic arrangement can readily be distinguished, but the intra-cellular structure is poorly shown.

Secondly, that the method is of special value when applied to disease of the breast.

Thirdly, that the method is also applicable to doubtful malignant disease of parts of the body other than the breast, as of the tongue and thyroid gland (a case of each is included in cases quoted as giving correct diagnoses); hence it is reasonable to suppose that it is applicable also to disease of other organs.

Lastly, because of 26 cases examined, a correct diagnosis was returned in 22, leaving only 2 cases where the method was of no help, and only 2 where the diagnosis was wrong, and because on this account the surgeon was enabled in 84 per cent. of cases to perform an appropriate operation immediately, and with accurate knowledge of the disease, that therefore the method is reliable and of definite value.

Finally I suggest that because the true scientist should argue from the known to the unknown, therefore that the practice of acting without knowledge is unsound; equally unsound a practice is it to operate for cancer on a patient not definitely known to suffer from that condition. Where it is impossible to make an accurate diagnosis, then certainly the patient must necessarily submit to a choice of evils.

My thesis, therefore, is that the fresh-section method of examination of tissue with the microscope should become a universal surgical routine, certainly in hospitals and possibly in the larger nursing homes and wherever else facilities occur.

BIBLIOGRAPHY.

(1) SCHAEFFER, E. M.—"Microscopic Diagnosis of Cancer," 1889, *Journ. Amer. Med. Assoc.*, xii, pp. 403–406.

(2) WHITEFORD, C. M.—"Unreliability of Microscope in Diagnosis of Cancer," 1902, *Brist. Med.-Chir. Journ.*, xx, pp. 226–230.

SPRUE AND PARATHYROID.

By D. DRYSDALE ANDERSON.

IN considering the following case, allowances must be made for the patient being Mexican, living all her life in the interior of Mexico. Thus, though of good mental development as these people go, when carrying out orders she is naturally slipshod and unreliable.

G. B—, æt. 26, wife of a shopkeeper, came under my care on September 2nd, 1924, complaining of loss in weight. This had begun three years previously, after the birth of her second child. At the same time she became somewhat constipated and her mouth sore. The loss in weight, though not rapid, was continuous. In the summer, 1923, short attacks of diarrhœa appeared, and have lately become more frequent, until now she daily has three or four corrupted (to use her own word) stools. With this diarrhœa began abdominal discomfort, never amounting to pain.

She had smallpox as a child, otherwise enjoyed perfect health. In April, 1924, her third child was born, the pregnancy, parturition and puerperium, being without event, although she has been unable to feed it.

Under her natural tan-coloured skin she had a greyish tint and looked tired out and very thin. The mouth showed small aphthous ulcers along the border of the tongue, the dorsum of which was glazed, but not fissured. The abdomen was doughy on palpation and tender over the colon. The stools were frothy, bulky, clay-coloured and contained much mucus. Microscopically there was a good deal of undigested fat.

I promptly gave her an ounce of castor oil and ordered her to bed on milk and bananas—we cannot get strawberries here. A full dose of Epsom salts, "mane" and parathyroid gr. $\frac{1}{10}$ (1) "*nocte*" were prescribed.

I saw her again a week later and found she had disregarded the orders about bed, though taking the salts and keeping to the diet. She had tried to obtain the parathyroid, but it was unknown in the town. I gave her a chemist's address in Mexico City.

Ten days later she came to me saying she had lost the address; incidentally she was no better. I wrote off for the drug myself, and it finally arrived on October 2nd, when she started on it.

On October 10th she was only having one motion a day, her stools were definitely forming and were becoming slightly coloured. She had lost the uncomfortable abdominal sensations, and her husband reported her more cheerful. Her mouth was still sore, but the ulcers were not so apparent. I added a boiled egg and some dry toast to her food.

On October 17th her motion was formed, normal in colour, not unduly scented and there was no froth or mucus. The abdomen had lost the doughy feeling. The ulcers in the mouth were mostly healed, the soreness was gone and the tongue fast losing its glazed appearance. She was fuller in the face, and had just returned from a three hours' horseback journey over a broken mountain trail without fatigue. Carrots, lettuce, squash, melon and a little chicken breast were added to the diet-sheet.

On October 25th she had lost her earthy tint; there was no trace of the ulcers on the tongue, over which the epithelium was growing. She said she felt quite well, but was warned to continue the parathyroid for a further week. The only things she was told not to eat were pork and meat fat.

On December 20th I met her in the street, looking a different woman in the amount of flesh she had put on and in her vivacity. She has had no relapse. I cannot give definite weights, as she persisted in forgetting to use the facilities arranged for weighing herself.

Apart from the absence of muscular cramps this case shows all the diagnostic signs and symptoms of sprue. No calcium salt was prescribed with the parathyroid as

the diet was considered to contain sufficient; this was borne out later.

The case is interesting for this reason, and also for the dramatic progress once the parathyroid was started. The sudden change was not due to the comparative mildness of the case, as Scott (2) records cures in less than two months of severe chronic illness.

REFERENCES.

(1) SCOTT, H. H.—"The Nature and Treatment of Sprue," *Brit. Med. Journ.*, December 15th, 1923.

(2) *Idem.*—"Recent Advances in the Treatment of Sprue," *ibid.*, August 23rd, 1924.

A CASE OF SHOULDER PRESENTATION WITH PROLAPSE OF CORD AND ARM.

By J. HENRY R. LAPTAIN, M.R.C.S., L.R.C.P.

THE following report is of an interesting case of transverse presentation in which, while the cord was pulseless, the woman was safely delivered of a dead child by internal manipulation.

Patient, æt. 42, was admitted to the Infirmary in the second stage of labour.

History of case.—Eight previous pregnancies with no miscarriages. Labour had occurred at full time in each case with no unusual difficulty and no instruments had been used. The last baby was born in May, 1922. The last day of the last period was March 18th, 1924. About three months later a trace of blood was noticed *per vaginam* once. During the pregnancy there was no "morning vomiting." Any abnormal symptoms connected with micturition or with her eyes were denied by the patient. She suggested that her abdomen was more prominent during this pregnancy and that it "tended to flop." On Monday morning, the 1st day of December, the waters broke and were described as excessive in amount. No "pains" were experienced and the patient allowed the event to pass without alarm. Five days later at 6 a.m. of Saturday, the 6th day of December, "pains" commenced and were continued at intervals of about ten minutes. Patient was examined by a midwife and then by a doctor, who administered chloroform at 10 a.m. for the purpose of manipulation. She was admitted to the Infirmary at 1.15 p.m. the same day.

On examination the patient appeared anxious; she was pale, but her pulse was strong and not greatly increased in rate. Pains were occurring of moderate severity at more frequent intervals. Arising out of the pelvis to two inches below the body of the sternum was a contractile swelling, more prominent on the left side, where also laterally there was a small ill-defined bulge. On the corresponding part on the right there was a small bay. Around the enclosed body the contractile tissue fitted with glove-like firmness. No fœtal limbs or head were identified. No fœtal heart-sounds were heard. It was therefore assumed that the above-mentioned prominence coincided with a fœtal back.

With the patient in the Sims's position it was observed that the small left hand, dark purple blue in colour, was protruding from the vulva, the little finger towards the ceiling, the thumb towards the mattress. The extensor surface of this hand faced the rectum. No meconium was observed on the vulva. *Per vaginam* (without anæsthetic) the hand and arm could be traced up, and the shoulder was found occupying the fully dilated os. The vagina was well lubricated and not hot and dry. No abnormal constituents were discovered in the urine. An anæsthetic (chloroform) was administered at 5 p.m. the same day. *Per vaginam* the examining finger, following up the arm, struck the thorax and then a mouth was identified. The cord was prolapsed and pulseless. The head appeared to occupy the region of the left iliac fossa, with the back of the fœtus against the back of the mother. Transverse presentation was diagnosed, and further manipulations were determined upon to effect delivery before trying instrumental delivery. A foot could not be palpated, but the anæsthetic being pushed, eyes and nose were identified. A clove hitch was passed round the wrist, but traction on the arm was of no avail. However, while enough traction was maintained to steady the arm, Dr. R—, having a very small hand, found it possible to pass this past the head and body of the fœtus and grasp a foot. Tentative traction on this was followed by ascent of the prolapsed arm, and encouraged by this Dr. R— put more traction on the foot and found that podalic version had been accomplished. A second clove hitch having been passed round the ankle, traction on the leg delivered the fœtus no further. The second leg was brought down, and the head being kept well flexed by means of a finger in the mouth the fœtus was delivered, when it was found that the head occupied the maternal pelvis with the occiput posterior. Then it was noticed that the right arm was twisted backwards across the fœtal back. An unscrewing movement of the fœtal trunk was done, but the arm slipped round with the trunk; the fingers were therefore utilized to bring the offending arm round. The head was delivered well flexed, the occiput posterior. The placenta, not unduly adherent, was removed manually from the fundus of the uterus. The placenta membranes, on inspection, appeared normal. The anæsthetic being stopped, 1 c.c. of pituitrin and a uterine douche of lysol (5j to the pint) at 110° F. were given. Contraction and retraction of the uterus were adequate and the loss of blood was quite small. Pulse-rate was 84.

Post mortem it was found that the fœtus was full-time. The brain appeared normal, but in the region of the great wing of the sphenoid and the petrous portion of the temporal bone on the right side there were noticed neat petechial hæmorrhages (subdural), about a dozen in each situation. Also on the right side behind the temporo-occipital suture at the attachment of the tentorium cerebelli was a hæmorrhage about half-an-inch in diameter. The dull brick-colour of the thymus was relieved by flecks of a darker red. The liver was a blotchy purple-red. Below the hepatic flexure the great gut was distended by meconium. The lungs were atelectatic, sinking in water. Otherwise the fœtus appeared normal.

The patient's progress was satisfactory till December 20th, when the temperature chart showed 99·8° F. In the right calf was a tender spot. Bier's hyperæmic treatment was applied at the lower third of the thigh and the temperature fell to normal on December 22nd, the patient taking her discharge from the Infirmary seven days later apparently quite well.

It is suggested that the cause of the transverse lie was hydramnios associated with a condition of "pendulous belly." It is difficult to decide at what stage in the labour the death of the fœtus took place. The absence of a Bandl's ring was noticed, and for its absence the following reason is offered, viz. that the fœtus died before there was any marked tonic contraction of the uterus. The progress of the case without serious septic complications was taken as justification for the manipulations which were done.

AMATEUR DRAMATIC SOCIETY.

THE CHRISTMAS ENTERTAINMENT.

THE Amateur Dramatic Society selected four one-act plays for the Christmas entertainment this year. The first of these was "The Lost Silk Hat"—not, perhaps, a very good example of Lord Dunsany's work. The dialogue is effective, but

the idea is too slender for the stage. If we were not as interested as the Caller (excellently played by Mr. E. D. Moir) in the loss of his silk hat it was probably the author's fault; moreover, Mr. Moir wore the clothes which remained to him with such an air that it would have been churlish to regret the absence of so small a detail.

Messrs. Claxton and Waudby-Smith were good in two minor parts, and Mr. F. H. K. Green gave a delightful study of the Poet who was determined that the young man should die for Romance in Bosnia.

From comedy we passed to melodrama—"In the Library," by W. W. Jacobs. This proved to be an excellent thriller and it was splendidly acted.

Mr. Barnsley was an immense success as the villain; his performance called forth the loudest applause of the evening and he thoroughly deserved it. Mr. Cullinan was equally good in a less dramatic part, and Mr. Payne excelled himself as the Burglar.

The next play was a rather poor farce—a case of mistaken identity. All our old friends were assembled—the stage parson, the dyspeptic colonel, his erring wife, the foreign crooks—and all were again pursued by loud laughter.

Mr. Barnes was very amusing as the stage cleric, though it is too much to expect of any man that he will give new life to this well-worn caricature; Messrs. Barnsley and Heckford were sufficiently villainous as the foreign swindlers.

Mr. Adam (a notable recruit) made a very good thing indeed of the hotel proprietor, supporting his foreign accent impeccably; and Mr. Cullinan played the Colonel with a praiseworthy restraint.

Miss Lucienne Davies was, this year, the only lady to figure in the caste, and, as if this was not sufficient distinction, she provided the best piece of acting in the play; as the naughty wife she was both skilful and charming.

The best play was kept to the last. "Augustus in Search of a Father" is a delightful example of Harold Chapin's work. It was, too, distinguished by some very clever acting by Mr. Hunter as the Night Watchman. Mr. Hunter kept his comic genius well in hand, and the result was a restrained and satisfying character-study that deserves the highest praise. Mr. G. P. Roxburgh supported him excellently as the Prodigal Son, though he sometimes lapsed from his 'Oxton to his Oxford accent—a blemish in an admirable performance. Mr. Heckford occasionally made similar slips, though he came nearer to our idea of a Metropolitan policeman than the other gentlemen who played the same part; there was, during the evening, a deal of constabulary duty done, and, taking one consideration with another, the lot of these gentlemen was not a happy one.

Mr. Capps, who returned to the fold as Stage Manager, must be congratulated on the success of his productions. Although, taking a call afterwards, he modestly disclaimed any large part in the affair, yet everyone knows that the stage-manager is the driving power of a dramatic performance.

Mr. Gibson's excellent band played the latest dance music in the intervals and thereby added much to the gaiety of the evening.

Two other gentlemen who worked behind the scenes were Mr. Mayo, who tackled the thankless job of property manager with his usual efficiency, and Mr. Pym, who was a model of dexterity and good humour during the rush hours at the Green Room Bar. The whole production was well up to the high standard of previous years, and the large audiences manifestly enjoyed themselves.

A BROADCAST NIGHTMARE.

"——— AND Valencia, one thousand and nine millibars. Further outlook unsettled. That concludes the weather forecast for London and neighbouring counties. Stand by for two minutes please."

"Hullo everybody, 5XD calling. Dr. I Wash will now give you the monthly medical news bulletin. Copyright by Yadil, the Endocrine Association, exsanguinated phlebotomists and the Iodized News.

"Good evening everybody. I will now deal with the various subjects seriatim.

"*Surgery.*—Sir E. V. Serate, the famous Bart.'s surgeon, has removed a patient from a tumour weighing 78 pounds. The tumour recovered. The anæsthesia was endo-bronchial oxy-acetylene, the return airway being *viâ* the left lacrymal duct.

"Owing to the great rush for thyroidectomies, patients wishing to experience these operations before leaving are now being charged an extra sixpence at one of our leading hospitals. The surgeon is to receive ¾*d.* as his share. This may explain the curious fact that goitres are extremely rare in Scotland.

"*Aural Surgery.*—A remarkable case is described by a surgeon who was puzzled by exuberant vegetations in a patient's pharynx. On investigation it appeared that the child had inserted a bean into his external auditory meatus two months previously, and that this had germinated and pushed a shoot down the Eustachian tube into the throat.

"*Medicine.*—The report that a well-known physician had made a definite diagnosis on a patient who had not yet died has been indignantly denied by the gentleman in question. Listeners-in will remember that last month I warned them against giving credence to this absurd rumour.

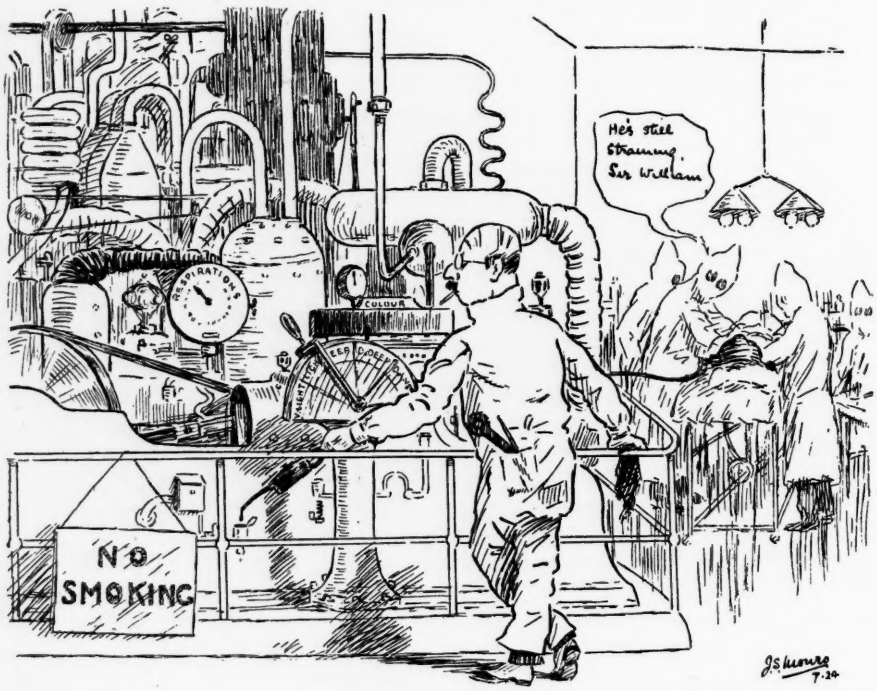
"*Anatomy.*—The Sub-Committee appointed by the International Commission of Anatomical Nomenclature, after sitting for seventeen years, has decided that the muscle hitherto known as the levator palpebræ superioris alæque nasi shall in future be termed levator palpebræ superioris at alæ nasi. Calm prevails in anatomical circles.

"*Anæsthetics.*—It is officially stated that Mr. Hackitt Tout, the famous Harley Street surgeon, publicly congratulated his anæsthetist at the conclusion of an operation. The utmost excitement prevails in anæsthetic circles, and an extraordinary meeting of the Anæsthetic Section of the Royal Society of Medicine has been called to consider this unprecedented occasion. It is thought that a gold loving-cup will probably be presented to Mr. Tout.

"*Embryology.*—Prof. Wonkie, in an intensely interesting lecture at the Joe Smiffkins University, U.S., declared that the nictitating membrane of a 2-weeks salamander embryo weighs 0·00275 milligrams. This astounding statement has not been denied, so may be accepted by listeners-in as reasonably accurate.

"*General therapeutics.*—A neurotic American boot-blacking magnate, who determined to get well quickly, is alleged to have taken equal parts of insulin, mixed phylacogen vaccine, radium salts, thyroid extract and strychnine. He was then treated with protein shock, Lenhartz diet and deep X-ray therapy, and finally had a laparotomy done, which included cholecystectomy, gastro-enterostomy, appendicectomy and colopexy. At the same time his nasal septum was resected, and to eliminate possible foci of infection, his tonsils and adenoids were removed and both antra were drained. His general condition is reported to be not very much worse than before.

"*Medical jurisprudence.*—An interesting case was recently heard in the Courts, where the plaintiff was a man of no occupation who frequented a public-house every evening, and at closing time always came out and leant against a certain lamp-post until his ataxia had diminished sufficiently for him to walk home. One day the local borough council removed the said lamp-post, and the plaintiff, unaware of the catastrophe, leant against nothing, with the result that he fractured his femur. He sued the council for £500 damages. The case was dismissed with costs.



THE ANÆSTHETIST, A.D. 19—. [*By kind permission of the Central London Throat Hospital.*]

"*The finance of our big hospitals.*—A further difficulty has arisen in the intricate question of payments in voluntary hospitals, as the approved societies and the hospital authorities cannot agree as to who shall bear the cost of swabs, horn-rimmed glasses and other articles lost inside insured patients during operations. A deadlock seems likely and the outlook is serious.

"That concludes the monthly medical bulletin. Good-night everybody."

"Stand by for one minute please, after which Miss Ara T. Noid will sing 'Yes, we have no tonsils to-day,' with guillotine obligato by Mr. U. Vewle." [I think not.—ED.]

DINING AT PERCY'S.

MUCH ingenuity was shown by competitors in the "hidden-word" competition published last month. The words originally buried by the author were snowed under by hundreds he never intended, among them such terrifying conditions as tenosarc, chelor, randia, mygra and endescribe. In wading through these morasses of verbiage he has made Gould's *Pocket Medical Dictionary* his final arbiter. Abbreviations and duplicates have not been allowed.

The original list was as follows:

Cystocele, glossitis, stoma, tone, noma, leprosy, enteric, cancer, casein, tenotome, amnion, otitis, orchitis, palsy, ear, ether, stye, tic, ester, kino, chyle, mania, chest, amine, angina, retina, tinea, sinus, chorea, enamel, ague, odontome, psoas, teratoma, atresia, inion, vein, joint, gluteus, seton, atlas, iris, nares, galla, erythema, ergot, sperm, cretin, tonsil, sac, dengue, menthol, atrophy, aphasia, sordes, tabes, pus, spastic, herpes, comedo, thrush, callus, incus, goundou, wart, anasarca, adenoma, sterile, malar, spine, paresis, cestoda, gravel, intestine, rupia, heart. *Total*, 76.

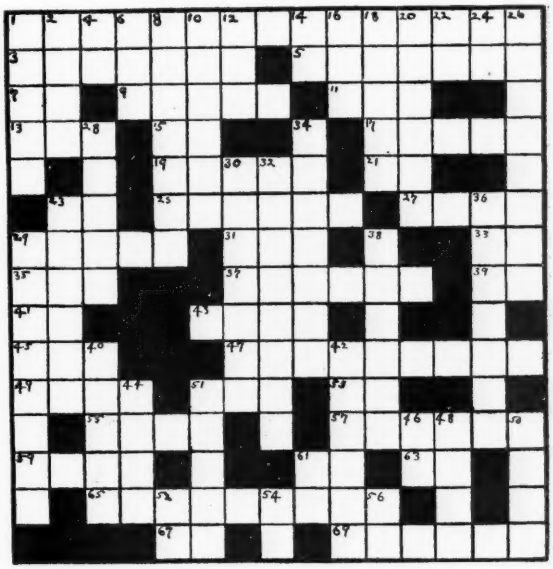
The following, though not in the original solution, have been allowed:

Cyst, gag, deric, cast, urning, os, arc, vis, tent, tea, fit, ion, hear, arm, eye, leg, fat, ani, ring, band, wen, mel, vena, mil, ilea, herb, Erb, ward, tow, atom, hand, wing, ora, heat, void, ren, pit, gall, pitch, ergotin, secretin, foot, mad, toe, gland, otto, beat, pes, pest, fur, shin, tar, rib, ima, ala, alar, pine, life, fel, taint, raisin, mad, pia, mortal, air, bed, chin. *Total*, 67.

The winner is Mr. E. Cochrane, who scored 109, and to whom a cheque for one guinea has been sent.

A. B.

CROSS-WORD PUZZLE.



Across.

1. Alopecia of one half of head.
3. Any agent stimulating the uterus.
5. Atrophic.
7. A drop (abb.).
9. Nostrils.
11. A gyrus.
13. Normally > K.O.C.
15. Symbol for copper.
17. Used as a stain.
19. An infiltration of serum.
21. Symbol for tin.
23. Christian name of an assistant physician (abb.).
25. The battlefields of medicine.
27. Half.
29. A prefix signifying sweat.
31. Ovum.
33. A suffix applied to bodies related to the starch group.
35. A wing (anat.).
37. Junction of coronal and sagittal sutures.
39. Fruit used as a laxative (last 2 letters).
41. Symbol for platinum.
43. Causes anthracosis.
45. A position of the fœtus in utero.
47. Pain in the sacrum.
49. Nails.
51. Bone of forearm (first 3 letters).
53. Symbol for arsenic.
55. Pertaining to the mouth.
57. A bacillus closely resembling tubercle bacillus.
59. The loins.
61. Toxic unit (abb.).
63. Symbol for ruthenium.
65. Disease of large bowel of amœbic or bacillary origin.
67. Symbol for strontium.
69. Motor inco-ordination in walking.

Down.

1. An early sign of pregnancy.
2. A prefix signifying on the outer side.
4. A degree in medicine.
6. An atom carrying an electric discharge.
8. Any medicine given to humour a patient.
10. A leech.
12. Anæsthetic mixture.
14. Of each (abb.).
16. Bleed.
18. Adventitious sounds in the chest.
20. Vegetables commonly used by lay people for their medicinal effect.
22. Vitus' title (abb.).
23. Author of *Rest and Pain.*
24. Symbol for iodine (repeated).
26. Form of speech in disseminated sclerosis.
28. A tail.
29. Opposite of diplopia.
30. Surgeon who introduced decapsulation of the kidney.
32. Sick headache.
34. A deformity of the pelvis.
36. Pellagra.
38. Any perfumed powder for external use.
40. Like pus.
42. Scrapings.
44. Roentgen ray.
46. Symbol for erbium.
48. Gingiva.
50. A loop (anat.).
51. A raw infected surface.
52. A half.
54. Initials of a "Bart.'s" physician.
56. Symbol for ytterbium.
61. Symbol for tellurium.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD BLUES.

Played on January 10th. For the first time this season the team played together properly, and showed some very good football in beating the O.Bs. 12–3.

The ground was heavy, but the Bart.'s side, forward and back, showed a far greater ability to cope with the conditions than did their opponents. Some of the handling was extremely good, and the three-quarters ran with a dash and resolution which was very heartening in view of the Guy's match in the near future. Fitzgerald in particular played far above the form he has shown hitherto.

The halves again proved their excellent understanding and opened up the game in fine style, while the forwards packed well and kept the ball well in control while dribbling.

The first score was twenty minutes from the start. McGregor cut through and passed inside to Row, who drew the back and gave to Bettington, who had a clean run in of a few yards for a try, but failed to convert.

The O.Bs. equalized in a forward rush just after half-time through Hodgson, their best forward. Shortly after Aldridge got over in the corner after a very determined run, and McGregor finished off a fine solo effort of a short punt and dribble with a nice try. Just on time Robertson cut through in his own half and gave to Fitzgerald, who outpaced his pursuers and scored between the posts. Bettington's attempt at converting was not a great effort.

ST. BARTHOLOMEW'S HOSPITAL *v.* BRISTOL.

Played on January 12th. Against a weakened Bristol side Bart.'s took some small revenge for the heavy defeat of November 15th. Again the team played very well, the halves excelling themselves and scoring the three tries between them.

Gaisford turned out for the first time this season, to test his knee; fortunately the knee stood the test, but it was scarcely to be expected that he should show his true form or be at all sure of himself.

McGregor cut through very nicely early in the game, and scored between the posts for Gaisford to convert; and again in the second half he capped an exactly similar movement with a try, and Williams near the close dummied his way over in the most mystifying manner; neither of these tries were converted. Bristol worked hard, but were not convincing outside the scrum.

The final score was 11 points to *nil*.

It is a notable fact that this is the first occasion this season in which no score has been registered by the opposing side.

ST. BARTHOLOMEW'S HOSPITAL *v.* BRADFORD.

Played on January 17th. In this match the team were as bad as at any time during the season. The Bradford side played splendidly, with Myers as their inspiring genius, but they were presented with at least three tries.

The forwards dribbled well, particularly Pittard and Jenkins, and packed fairly well, but in tackling they failed lamentably, letting through the Bradford men time and again.

The halves were fair only, with McGregor the best, and while the three-quarters tackled manfully they were never together, and ran across far too much for any effective attack to be developed.

Gaisford obviously was not sure of himself; his kicking was erratic, and he could not get into position quickly enough to make an effective defence against the very clever attacks showered on him by the Bradford three-quarters.

The final score was 29 points to *nil*.

ASSOCIATION FOOTBALL CLUB.

The 1st XI has started the second half of the season well by two victories over the Old Cholmelians and Jesus College, Cambridge.

ST. BARTHOLOMEW'S HOSPITAL *v.* OLD CHOLMELIANS.

Played at Winchmore Hill, January 10th.

The Old Cholmelians had considerably the better of things to begin with and managed to score twice in the first half; one of these goals followed a corner kick.

In the second half, however, things changed rapidly, and our forwards, playing with dash and cohesion, equalized in the first ten minutes. After this we always had the upper hand, and before the end another goal was scored by us. Parrish made some excellent runs on the wing, while Miller and Clark made good use of the centres which the wings gave them.

Result: Bart.'s, 3; Old Cholmelians. 2.

UNITED HOSPITALS HARE AND HOUNDS.

U.H.H.H. *v.* UNIVERSITY COLLEGE, LONDON.

Run at West Wickham on Wednesday, November 5th, over a 5-mile course. In spite of fog, a late train and the failure of the trail-layer to materialize, the race was started within 12 minutes of scheduled time. M. E. M. Jago (Guy's) and W. W. Darley (Bart.'s) got well away at the start and kept the lead throughout the race, finishing first and second respectively; Cookson, who finished third, was the first University man home. The result was a win for the Hospitals by 25 points to 30. Winner's time, 35 min. 8 secs. H. N. Walker (Bart.'s) ran well to finish 8th.

U.H.H.H.—1, 2, 5, 8, 9 = 25 points.
U.C.L.—3, 4, 6, 7, 10 = 30 points.

U.H.H.H. *v.* IMPERIAL COLLEGE OF SCIENCE.

Run at Wembley over a 4½-mile course of mud and water and in torrential rain. Once again Hospital men led the field from the start, Jago and Darley finishing first and second, followed half a minute later by A. H. Spencer of the Imperial College. In spite of gaining first two places the Hospitals were not able to get their third man home till the whole of the opposing team had finished, the match thus resuting in a loss by 30 points to 25. Winner's time, 28 min. 12 secs.

U.H.H.H.—1, 2, 8, 9, 10 = 30 points.
I.C.—3, 4, 5, 6, 7 = 25 points.

U.H.H.H. *v.* SOUTH LONDON HARRIERS.

Run at West Wickham on December 12th over a 5-mile course. Price (S.L.H.) started off at a fast pace, and after half a mile was leading by 100 yards from Jago, with the rest of the teams another 50 yards behind. At half-way Jago, who was running very strongly, took the lead, with Darley, who had made a poor start, coming up well. One mile from home Price was beaten into third place by Darley, with Jago 50 yards ahead; this order was maintained till the end. The result was a win for the Hospitals by 26 points to 29. Winner's time, 34 min. 33 secs. The following Bart.'s men also ran: H. N. Walker, J. E. Snow, C. S. Wise.

U.H.H.H.—1, 2, 6, 8, 9 = 26 points.
S.L.H.—3, 4, 5, 7, 10 = 29 points.

5-MILE HANDICAP.

A 5-mile handicap was held on Wednesday, November 19th, at West Wickham, the competitors being sent off according to the start allotted them. G. R. Stewart (Guy's), with an allowance of 5½ mins., was first home; C. S. Wise (Bart.'s), 3½ mins., 2nd; I. McCallum (Guy's), 3 mins., 3rd; M. E. M. Jago (Guy's), scratch, 4th. Eight ran.

FIVES.

The results of the Fives Club matches this season are:

Nov. 15th *v.* University College, London—away	Lost 117–223
Dec. 13th *v.* University College School Old Boys —away	Lost 93–180
Jan. 10th *v.* Old Paulines—away . . .	Won 196–179
Jan. 17th *v.* University College School Old Boys —home	Lost 93–163

The result of the singles competition is as follows:

Winner: K. W. Mackie.
Runner-up: R. F. Phillips.

CHRISTIAN UNION.

THE following programme has been arranged for this month:

Feb. 2nd Rev. J. W. Woodhouse, M.A., "Christ's Call to the Present Generation." Chairman: The Hospitaller.

„ 23rd Rev. Hugh Martin, M.A., "Prayer." Chairman: N. L. Capener, Esq., F.R.C.S.

These meetings will be held at 4.45 on Mondays in Room 1, Resident Staff Quarters (first floor upstairs from the Abernethian Room).

Mr. T. Z. Koo, Travelling Secretary of the World's Student Christian Federation, will address a meeting of students at the Central Hall, Westminster, on Tuesday, February 3rd, entitled, "Europe, Asia, and Christ."

CORRESPONDENCE.

THE VERNACULAR.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I was consulted to-day by a patient who had a "cold in her mash, and had lost her gear."

Can anyone give me the pathology of this complaint?

The chief symptoms appear to be diarrhœa, headache, backache, giddiness and loss of appetite. I gather that "loss of gear" is synonymous with loss of appetite.

Yours sincerely,

A. W. MARRISON.

Ivy House,
Manea,
Cambs.;
January 6th, 1925.

REVIEWS.

REFRACTION OF THE EYE. By CHARLES GOULDEN. (Messrs. J. & A. Churchill.) Price 10s. 6d.

Whilst accuracy and success in refraction work are the outcome of much practice and experience, there can be no doubt that a sound knowledge of the principles involved in such work is of the greatest importance.

For the special diplomas now sought in ophthalmology knowledge of the optical and mathematical principles involved in vision is a necessity.

Mr. Goulden's book covers the whole field, and furnishes a clear, straightforward text-book of the essentials. Most of the mathematics is presented in the simpler geometrical form, and thus is as little irksome and obscure as possible to those who find mathematics so great a bugbear. For examination work it is an excellent guide, supplying the reasons for all that is carried out in sound refraction work, but pointing out that no amount of reading can supplant the practical work necessary for the skilful application of its principles.

The arrangement of the book, the printing and the diagrams are all excellent, and altogether it will prove a valuable help to anyone who is studying or practising refraction work.

We have received four useful little books from the Scientific Press, handy in size, moderate in price and clearly printed.

FIRST STEPS IN NURSING. By MARGARET FOX. Price 2s. 6d.

This is a practical book for the new probationer, setting out her duties simply and clearly, thereby making her work easier. In a future edition it should be pointed out that an ice-bag needs covering with lint, or some such material, to avoid the discomfort of the condensation of water, as well as to avoid the action of excessive cold. The article on bed bathing might be more clearly expressed, but these are only minor points in a book we can thoroughly recommend.

THE NURSING OF SURGICAL TUBERCULOSIS IN CHILDREN. By SARAH P. ROBINSON. Price 3s.

This sets out the aims and work of the Lord Mayor Treloar Cripples' Hospital and College in an interesting and attractive manner, and is very well illustrated. Much help could be gained also from its perusal as to the methods of treatment suitable for nursing such cases outside an institution.

THE MODERN NURSING OF CONSUMPTION. By JANE H. WALKER, M.D. Price 3s.

The author has set out clearly the nursing requirements of "consumptives" both in and out of sanatoria, and among the well-to-do and the very poor. The book has not been carefully revised, as on p. 31 "sanatorium" should obviously be "patient," and on p. 62 "inspections" should be "injections." The section, "Hints and Helps to Patients," is very practical, and a nurse should teach them to the patients under her care, with great advantage.

HANDBOOK FOR QUEEN'S NURSES. By SOME QUEEN'S SUPERINTENDENTS. Price 2s. 6d.

This is an excellent exposition of the aims and duties of the Queen's District Nurses, full of commonsense advice to those who are thinking of taking up this arduous form of nursing, and setting out the work so that it appears attractive and well work undertaking.

ELEMENTARY SCIENCE FOR NURSES. By W. F. LLOYD. (Messrs. J. & A. Churchill.)

The information in this book is clearly put, and explains much that is of interest to nurses, and also many other people. It should prove of use to sister tutors in helping them to give the required knowledge in a condensed form. The Preface by Sir D'Arcy Power will be very much appreciated by members of the nursing profession.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "The Endocrines and the Kidneys." *Cambridge University Medical Society Magazine*, Easter, 1924.

CARMODY, ERNEST P., M.B.E., M.R.C.S., L.R.C.P. "Some Observations on Blackwater Fever." *British Medical Journal*, January 17th, 1925.

COPELAND, A. J., M.A., M.B., D.P.H., B.Sc. "Psicaine: A New Local Anæsthetic." *Ibid.*, January 3rd, 1925.

DALE, H. H., C.B.E., M.D., F.R.C.P., F.R.S. "Anaphylaxis." *Cambridge University Medical Society Magazine*, Easter, 1924.

DE SANTI, PHILIP R. W., F.R.C.S. "Melanotic Sarcoma of the Septum Nasi." *British Medical Journal*, January 17th, 1925.

ECCLES, W. MCADAM, M.S., F.R.C.S. "The Value of Anatomy in Clinical Medicine and Surgery." *Cambridge University Medical Society Magazine*, Lent, 1924.

ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "Conjunctivitis in the Tropics." *British Medical Journal*, January 3rd, 1925.

FRASER, FRANCIS R., M.D. "An Address on Iodine in Exophthalmic Goitre." *Ibid.*, January 3rd, 1925.

HALL, ARTHUR J., M.A., M.D., F.R.C.P. "The Mental Sequelæ of Epidemic Encephalitis in Children." *Ibid.*, January 17th, 1925.

HAMMOND, T. E., F.R.C.S. "Trigonitis as a Cause of Irritable Bladder." *Lancet*, December 27th, 1924.

HORDER, SIR THOMAS, Bart., M.D., F.R.C.P. "Introduction" in *How is Your Heart*, by S. CALVIN SMITH, M.S., M.D. London and New York: Cassell & Co.

——— "Secret Remedies." *Cambridge University Medical Society Magazine*, Michaelmas, 1924.

HURRY, JAMIESON B., M.D. *Los Circulos Viciosos en Patologia.* (Spanish translation by Dr. MOXO Y. TUERI of *Vicious Circles in Disease.*)

JAMESON, R. W., M.R.C.S., D.P.H. "Concerning the Two Types of Smallpox and the Administrative Methods applicable to them." *Lancet*, January 10th, 1925.

JONES, W. BLACK, M.D., B.S., D.P.H. "Treatment of Neuritis by Electrolysis." *British Medical Journal*, January 17th, 1925.

KLIONSKY, G., M.B., B.S. "An Unusual Case of Displacement of One Eyeball due to a Myxoma of the Frontal Sinus." *Lancet*, January 17th, 1925.

NAISH, A. E., M.B., F.R.C.P. "Treatment of Cretinism." *Ibid.*, January 10th, 1925.

RICHARDSON, G. B., F.R.C.S. "Aneurysm of a Branch of the Renal Artery." *British Medical Journal*, January 10th, 1925.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—G. W. Theobald.

M.Chir.—E. P. Brockman.

B.M., B.Chir.—A. V. Pegge.

B.M.—E. B. Brooke, J. R. B. Dearden, S. Orchard.

B.Chir.—H. E. Harris.

UNIVERSITY OF LONDON.

First Examination for Medical Degrees. December, 1924.

Passed.—E. F. D. Baker, A. M. Gibb, E. S. Pope, A. C. Riley, H. G. Stanton, H. Stark, A. F. Stinson.

ROYAL COLLEGE OF SURGEONS.

The following were successful at the examination for the Diploma of Fellow, held in December, 1924:

N. L. Capener, F. C. W. Capps, E. T. Cato, C. M. Greenslade, A. E. Roche, M. J. Smyth.

C. Sturton (passed, but not yet attained the requisite age of 25 years).

CHANGES OF ADDRESS.

ACRES, G. C. J., 36, Strawberry Hill Road, Twickenham.

BENNETT, F. D., 10, William Street, Knightsbridge. (Victoria 467.)

BRAIMBRIDGE, C. V., The Native Hospital, Nairobi, Kenya Colony.

DE CAUX, F. P., 16*a*, New Cavendish Street, Harley Street, W. 1. (Mayfair 3264.)

CLARK, FRANCIS, Government Offices, Wei-hai-Wei, N. China.

MACKENZIE, K. A. I., Surg.-Lt. R.N., R.N. College, Dartmouth.

MAXWELL, J. P., 9, York House, Theobald's Road, W.C. 1.

PERRY, A. W. H., The Surgery, East Street, Bovey Tracey, Devon.

PIDCOCK, B. H., 15, Southgate Street, Winchester.

SCOTT, H. H., 94, Bedford Court Mansions, Bedford Avenue, W.C. 1.

SELWYN-CLARK, P. S., Kumasi, Gold Coast Colony.

SMYTH, F. G. A., Major R.A.M.C., Headquarters, British Troops in Egypt, Cairo.

APPOINTMENTS.

CRUDEN, S. S., M.R.C.S., L.R.C.P., appointed Casualty Officer, London Temperance Hospital.

CLARK, P. S. SELWYN, M.D.(Lond.), D.P.H., D.T.M.&H.(Cantab.), appointed Senior Sanitary Officer, Gold Coast Colony.

CLAXTON, E. E., M.R.C.S., L.R.C.P., appointed House-Surgeon, Royal United Hospital, Bath.

DRURY, G. D., M.R.C.S., L.R.C.P., appointed House-Surgeon at Ipswich Hospital.

OLDERSHAW, H. L., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Walthamstow, Wanstead and Leyton Children's and General Hospital, Walthamstow.

SCOTT, H. H., M.D., M.R.C.P.(Lond.), D.P.H., D.T.M.&H.(Camb.), appointed Pathologist to the Zoological Society of London.

SMYTH, F. G. A., M.B., B.S.(Lond.), Major R.A.M.C., appointed Deputy Assistant Director of Pathology, British Troops in Egypt.

BIRTHS.

BATES.—On March 30th, 1924, at 33, The Tything, Worcester, to Constance Phœbe, wife of Mark Bates, O.B.E., F.R.C.S., a daughter.

BELLWOOD.—On Christmas Day, at 8, Harpur Place, Bedford, to Violet (*née* Cooper), wife of Kenneth B. Bellwood, O.B.E., F.R.C.S., a daughter.

BLACKWELL.—On January 17th, 1925, at Maison Bruges, Don Road, Jersey, to the wife of Dr. A. S. Blackwell, a son.

DAVID.—On December 9th, at Gwestfa, Manordilo, South Wales, to Betty, wife of Dr. T. W. David, a son.

MACDONALD.—On December 25th, at 60, Welbeck Street, W. 1, to Madge Ida (*née* Ruben), wife of Dr. N. J. Macdonald, a son.

DEATHS.

ATTFIELD.—On January 16th, 1925, at 17, Salisbury Road, Hove, George Cook Attfield, within eleven days of his 99th birthday.

BEST.—On January 23rd, 1925, at The Firs, Waltham Cross, after three weeks' illness, Frederick Henry de Graves Best, M.R.C.S., L.R.C.P., aged 55.

CRABTREE.—On January 1st, 1925, suddenly at Ludlow, Angelo Matteo Crabtree, F.R.C.S., of Surrey Cottage, Weybridge, Surrey.

DINGLEY.—On January 16th, 1925, at St. Norbert's, Sutton, Allen Dingley, F.R.C.S., beloved husband of Louie Dingley, aged 68.

ORMEROD.—On January 3rd, 1925, at 25, Upper Wimpole Street, W., Mary Ellen, wife of Joseph Arderne Ormerod, M.D., and daughter of the late Edward Milner, Esq., of Dulwich.

SHAW.—On January 5th, 1925, passed away after many years of illness borne with great fortitude and serenity, Hannah Gratrix, wife of T. Claye Shaw, M.D., of Claremont Lodge, Cheltenham, and 29, Queen Anne Street, London.

SHURLOCK.—On January 16th, 1925, at a nursing home, Arthur George Shurlock, M.A., M.B., B.Ch., D.P.H.(Camb.), of 3, Lime Avenue, Derby, and recently of Brockenhurst, Hants, aged 30. (Late Capt. R.A.M.C.)

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, Smithfield, E.C.* 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., *at the Hospital.*

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to ADVERTISEMENT MANAGER, *The Journal Office, St. Bartholomew's Hospital, E.C. Telephone: City* 510.